| STATE | OF | MARYL | AND-CERTIFICATE | OF | DEATH |
|-------|----|-------|-----------------|----|-------|
|-------|----|-------|-----------------|----|-------|

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | (16)  |
| County Jalbot  | Registration Dist. No. 49   |
| ¥ -  | 9   |
| Village or anty Rus 1011   | death occurred in a hospital or institution, give its NAM, instead of street and number)                            |
| Length of residence in city or town where death occurredyrsmos.                          | ds. How long in U.S. if of foreign birth? yrs. mos ds.  |
| 2. FULL NAME Mrs. Nora Elizabeth   | Blader  |
| (a) Residence: No. Gaston Malyland   | St., Ward.  |
| (Usual place of abode)()   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garite the word)       | 21. DATE OF DEATH   |
| temale While married   | (Manth) (Day) (Year)  |
| 5a. If married, widowed, or divorced  WSBAND of (or) WIFE of M. ) 11 00 - 1 Robert Blade | 22.   HEREBY CERTIFY, That I attended deceased from   |
| (or) WIFE OF 1/p. Willard 1 obert Stades   | Ulpro 25 1935, 10 april 28, 1935  |
| 6. DATE OF BIRTH (month, day, and year) May 20 - 1907                                    | Hast sawher alive on Qeril 28 , 1930; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 2340 e.m.   |
| 27   1 8   1 day,hrs. ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                      |
| 8. Trade, protession, or particular kind of work done, as SPINNER, Housework             |   |
|  | Encemonea Latas 4/2/31  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.       |   |
| 0 10. Date deceased last worked at 11. Total time (years)                                | Be Cateral,   |
| this occupation (month and year) spent in this occupation occupation.                    | the salpengetis was probably gonosaccio   |
| 12. BIRTHPLACE (city or town)  | Other Contributory Causes of importance: in origin, each, R   |
| (State or country)   | Salpereclory (Fithe annellesis)   |
| II 13. NAME Thomas Paiser  | 425,55  |
| 14. BIRTHPLACE (city or town)  | Name of operation Salfurelowy Date of 4/2575  |
| (State or country)   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Nettie Willoughly  | 23. If death was due to external causes (VIOLENCE) fill In also the following:                                      |
| [5] 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide?Date of injury, 19   |
| ∑ (State or country)   | Where did injury occur?   |
| 17 INFORMANT Mr. Willard Hobert Yslades  | (Specify city or town, county and State) /Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Easton, Maryland.  |   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Date 1935  | Nature of injury  |
| 19. UNDERTAKER Maurice C. A ewinam Y Joy   | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address)  | If so, specify  |
| 20. FILED 429 , 19 35 P) N: //eines  | (Signed) M. D.  |
| Registrar.   | (Address) Charles Street Baltimore Requesting (1) S. No.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal eause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones Moy 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEM. | ENTS BY | PHYSICI | $\Lambda N$ |
|--------------------------------------|---------|---------|-------------|
|--------------------------------------|---------|---------|-------------|

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATI within corporate limits Jo Should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred 6 How long in U.S. if of foreign birth? PHYSICIA (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR OIVORCEO (write the word) (Menth) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5 death is said certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS than proper stated I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance 01.... min. were as follows Date of onset 8. Trade, profession, or particular HIS NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Jo back 9. Industry or business in which may should PA work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at on 00 11. Total time (years) spant in this this occupation (month an that occupation 4 instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town). (State or country terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? ... ... carefully Was there an autopsy? W. W. MOTHER 15. MAIOEN NAM important 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or DEATH (State or country) be Where did Injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE pluods OF 18. BURIAL CREMATION Manner of injury mation USI LION Nature of Injury 24. Was disease or 19. UNDERTAKE If so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

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|               | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5,1927   | Peritonitis  | 3 days ago  |
|               |  |   |
| 22            | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
| 6             | •  |   |
|               |  |   |
|               | 1915<br>1921<br>July 5,1927  | The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Rum over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | ,             |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| nfor-<br>state<br>JPA-                          | STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|---|--|
|   | 1. PLACE OF DEATH   | 100  |
| should<br>f OCC                                 | County Aller The County   | Registration Dist. No.   |
| sho of C  |   | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| NS TI   | Length of residence in city or town where death occurred yrsmos.                            | ds How long in U.S. if of foreign birth? yrs mos ds.   |
| RD Every<br>PHYSICIANS<br>oct statement         | 2. FULL NAME of Corsume Carter  |  |
| Sign  | (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| AE t  | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| R. P. P. Exact                                  | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| E A   | Freunda Colon Wilder (write the word)   | (Month) (Day) (Year)   |
| NEN<br>OTL                                      | 5a. If married, widowed, or divorced HUSBAND of   | 22. JHEREBY CERTIFY, That I attended deceased from   |
| MAN<br>A C<br>A C<br>assifi                     | (or) WIFE of  | april 4 1932, to april 6 19 35   |
| EX<br>EX<br>y cl                                | 6. DATE OF BIRTH (month, day, and year) about 1901  | I last saw house alive on April 1, 193 ; death is said   |
| A P ed ed fical                                 | 7. AGE Years Months Days If LESS than 1 day,hrs.  | to have occurred on the date stated (bove, a   |
| IS A PE<br>stated E<br>properly<br>certificate. | ormin.  | were as follows: Date of onget 4/4/36  |
| IIIS<br>be<br>be<br>of c                        | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | To our green was 4/1/100   |
| LATE<br>Ould<br>may<br>back                     | Industry or business in which work was done, as SILK MILL.                                  |  |
|   | SAW MILL, BANK, etc   |  |
| 3 2 2 0   | this occupation (month and year)  |  |
| Fig. 1  | 12. BIRTHPLACE (city or town)   | Other Contributory Causes of importance:   |
| ADI<br>ADI<br>ed.<br>s, so                      | (State or country) Maryland   |  |
| UNFA<br>Supplied<br>a terms,<br>ee instru       | 13. NAME  14. BIRTHPLACE (city or town)   |  |
|   | 14. BIRTHPLACE (city or town)(State or country)   | Name of operation  |
| E y E   | E 15. MAIOEN NAME Alice Name  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                         |
|   | 16. BIRTHPLACE (city or town)  (State or country)   | Accident, suicide, or homicide? Date of injury, 19   |
| LY,   | S (State or country)  | Where did injury occur?(Specify city or lown, county and State)  |
| d be<br>DEA                                     | 17. INFORMANT A Baller In Land  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                              |
| should be OF DEA                                | (Address)  18. BURIAL CREMATION, OR REMOVAL   | Manner of injury   |
| (a) (c) (d)                                     | Place Lastan Dard Date 4/11 19 21   | Nature of injury   |
| -WRIT<br>mation<br>CAUSE<br>TION i              | Daniel Samuel   | 24. Was disease or injury in any way related to occupation of deceased?                                |
| TC II   | 19. UNDERTAKER CAMPAGE CONTROL (Address) Sastas Cond  | tt so, specify   |
|   | 20 FILED 4/10 1935 MA Merris  | (Signed) Aggreed J. Hilly M.D.   |
| ~ (1  | 20. FILED   | (Address) ( Los Los Lufy, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                   |

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| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroehteritis  | 1 year        |
|  |               |  |               |
|  |               |  | 1-            |

| ADDITIONAL | SPACE I | FOR | FURTHER | STATEMENTS | BY PHYSICIAN |
|------------|---------|-----|---------|------------|--------------|
|            |         |     |         |            |              |

|      | r e r  | STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|------|--|--|---|
|      | stat<br>UPA                                    | 1. PLACE OF DEATH  | (72)  |
|      | ould<br>OCC                                    | County Fallot  | Registration Dist. No. 290  |
| M    | shoul of OC                                    | Village or City Castry   | No mergency Hospital St. Ward   |
| Y!   | t Si   |  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. it of foraign birth? yrs mos ds.           |
|      | SICIAN<br>Stement                              | A FULL NAME amos Isle  | 10-1  |
|      | O E  | (a) Residence: No. Queen Quee Md.  | St. Ward.   |
|      | 2 Z Z  | (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
|      | RECO.<br>PH<br>Exact                           | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| rh   | LY.  | Male Slack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)               | 21. DATE OF DEATH April 13 193 5  |
| DINC | ANED<br>A C T J<br>Ssified                     | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of                       | 22. HEREBY CERTIFY. That I attended deceased from   |
| Z    | RM<br>X .                                      |  | 4/13 19 3 to 4/13 1935  |
| M    | PE<br>I E<br>rly                               | 6. DATE OF BIRTH (month, day, and year) 1909 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at bout m. 730 ??,   |
| OR   | IS A PE<br>stated E<br>properly<br>certificate | 2 6 l day, hrs. or mia.  | The PRINCIPAL CAUSE OF DEATH and related causas of importance   |
| F    | rn   | 8. Trade, profession, or particular  | were as follows:  |
| VED  | HIS<br>be                                      | SAWYER, BOOKKEEPER, etc.   | Tunstat wound of Chest 4/155  |
|      | vK—T<br>should<br>it may<br>n back             | S-Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  | 0   |
| ESER | Sh sh  | O To. Dato deceased last worked at 11. Total time (yaari)                          |   |
| RE   | G I AGE that                                   | this occupation (month and 13/3 spent in this occupation \                         | Other County to County of Landson   |
|      | NFADING plied. AG] rms, so tha instructions    | 12. BIRTHPLACE (city or town)  | Other Coutributory Causes of Importance:  |
| GIN  | FAI<br>ied.<br>ns,<br>stru                     | (State or country)   |   |
| AR   | - D  | 13. NAME 3 misserial Cole  | Sa Ala  |
| X    | su<br>su<br>in                                 | 14. BIRTHPLACE (city or town). (State or country)                                  | Name of operation Date of   |
|      | WITH<br>fully<br>n pla                         |  | What tast confirmed diagnosis? Was there an autopsy?  |
|      | re in  | 15. MAIDEN NAME MORE STATES OF TOWN 15. BIRTHPLACE (city or town)                  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicida, or homicida? 11. 12. Portion of the of injury 15. 13. |
|      | be can<br>EATH<br>import                       | (State or country)   | Where did Injury occur? hear and aring  |
|      |  | 17. INFORMANT (Addrass)  | (Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  |
|      |  | 18. BURIAL, CREMATION, OR REMOVAL  | Mannar of injury Taskel Sleet   |
|      | E B S  | Placa Hells 1 Oate 7 18 ,1955  | Nature of injury & SW & Clock   |
| -    | LWRIT<br>mation<br>CAUS<br>TION                | 19. UNDERTAKER James aug Skause  | 24. Was diseasa or Injury In any way related to occupation of daceased?   |
| 7    | 101  | (Addrass) Caston Maryland  | If so, specify  |
| d    | 7 (1)  | 20. FILEO. 4/16, 1935 77. Herry  | (Signad) M. D. Collins M. D.  |
|      | " "  | Registrar.   | (Address) Blog Urd  |
|      |  | 15 more vianks are needed, address State Registrar, 2                              | 1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.  |

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| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. NAME instead Watreet and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset - elee I Vear 1 23. If death was due to external causes (VIOL ENCE) fill in also the following: Date of injury .... (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| - Dungaran V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

RESERVED

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|--|------------|--|--|---------------|
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|  |            |  |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

· 7 1

inforstate

1. PLACE OF DEA

STATE OF MARYLAND-CERTIFICATE OF DEATH Ward If nonresident give city or town and State death is said Date of onset

What test confirmed diagnosis? Was there an autopsy?\_

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide?..... Date of Injury......

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | OR FURTHER STATEMENTS BY PHYSICIAN |
|---|------------------------------------|
|---|------------------------------------|

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 County . Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) CIANS Length of residence in city or town where death occurred\_\_ How long In U.S. if of foreign birth? statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Jhat I attended deceased from COTTACLE 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. were as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... Date deceased last worked at 11. Total time (years) this occupation (month and spent in this hat occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) ATHER 13, NAME 14. BIRTHPLACE (city or town). Name of operation u Se 1 (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an au'opsy?\_\_ d MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?... 16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Where did injury occur? .... DEA' (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. should (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury L. Date 4 TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER. (Address) If so, specify O. FILED. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Cerebral hemorrhage   | July 5,1927     | Peritonitis  | 3 days ago    |
| BUREAU N. S   |                 |  |               |
| Other contributory causes of importance:                                      |                 | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923      | Gastroenteritis  | 1 year        |
|   |                 |  |               |
|   |                 |  |               |

| FOR                 | IS V             | stated   | proper  | Cortifica    |
|---------------------|------------------|--|---|--------------|
| MARGIN RESERVED FOR | VFADING INK-THIS | ( Imption should be carefully supplied. AGE should be stated | CAUSE OF DEATH in plain terms, so that it may be proper | NOT          |
| MA                  | INLY, WITH UP    | be carefully supp  | EATH in plain tel                                       | in nontont   |
| V. S. No. 1         | N. E. WRITE PLA  | (m)tion should   | CAUSE OF D  | TION is MOIT |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 107-01  |
| County Salbot  | Registration Dist. No.  |
| Village or City Caston   | No. "Oulside" St., Ward   |
|  | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs mos ds. |
| Length of residence in city of town where death occurred                               | ds. How long in U.S. If of foreign birth? yrs mos ds.   |
| 2. FULL NAME DUNNEUN SA  | rance   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Affil 2 ( , 193 5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                           | 22. A HEREBY CERTIFY. The I attended deceased from 20,1935, to affile 21,1935   |
| 6. DATE OF BIRTH (month, day, and year) Ofrib 17, 1934                                 | I last sow h M alive on Offil 20, 19. 3 5; death Is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at   |
| 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER,                     | Bronchi o   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc      |   |
| SAW MILL, BANK, etc. 11. Total time (years)  | 1 relinand  |
| this occupation (month and year)   | Primary Lorancho procumorio. Cong   |
| Callet a Chal  | Other Contributory Causes of Importanco:  |
| 12. BIRTHPLACE (city or town) (State or country)                                       | - No other discover preceded the broncho-   |
| # 13. NAME Confirs Laraner   | poeumonias  |
| T  | Name of operation   |
| 14. BIRTHPLACE (city or town) Altof General (State or country)                         | What test confirmed diagnosis? Was there an autopsy?  |
| # 15. MAIDEN NAME amais Powell   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 15. MAIDEN NAME (Mail Powell  16. BIRTHPLACE (city or town) - Alfred                   | Accident, suicide, or homicide? Date of injury, 19  |
| State or country)  | Where did injury occur?   |
| 17. INFORMANT SALST HAZANEN  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                              |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
| Place The Chapel, MA Date Grail VV, 1935   | Nature of injury  |
| 19. UNDERTAKER James a Officer, Ow. Reddarf  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) Cash   | If so, spedis   |
| 20. FILED / 2 2 , 1935 / JV - 7 Jeune<br>Registrar.                                    | (Signed (M) M.D. M.D. (Address)   |
| If more blanks are needed, address State Registrar                                     | 241 N. Charles Street Baltimore Requesting 91 S. No.  |

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|   |                 | •  |               |
| Other contributory causes of importance:                                      |                 | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923      | Clastroenteritis   | 1 year        |
|   |                 |  | 1             |
|   |                 |  | }             |

STATE OF MARYLAND-CERTIFICATE OF DEATH infor 1. PLACE OF DEAT OCC pluods Registration Dist. No County Village or City JO. (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign hirth? yrs. \_\_ mos.. ds. CIAN PHYSL Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 (Year) BINDING 5e. If married, widowed, or divorced HUSBAND ot EBY CERTIFY. That I attended deceased from (Or) WIFE of 6 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the date stated above, at 30 Q If LESS than 7. AGE Years Months Days stated 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, RESERVED 0 SAWYER, BOOKKEEPER, etc.. PAT plnods may back Industry or business in which work was done, as SILK MILL, occui SAW MILL, BANK, etc ..... 11. Total time (yeers) 10. Date deceased last worked at this occupation (month and spent in this that occupation . year) instructions Other Contributory Causes of importance: Cause: Cerebral hemosortrege. Su ARGIN 12. BIRTHPLACE (city or town) (Stete or country) terms, 13. NAME FATHI Name of operation... 14. BIRTHPLACE (city or town) .... plain (State or country) What test confirmed diagnosis? ..... Wes there an autopsy? ..... carefully OTHER important. 15. MAIDEN NAME 23, tt death wes due to externat causes (VIOL ENCE) fill in also the following: ı Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_, 19\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT Q very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE 19.34 mation Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) It so specity (Signed) 20. FILED. If more blanks are needed, address State Registrar, 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| RUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

| 1                      | infor-  |
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| SA.                    | of  |
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| •                      | RECORD.   |
| BINDING                | PERMANENT   |
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| N RESERVED FOR BINDING | DING INK-THIS IS A PERMANENT RECORD. Every item of infor- |
| Z                      | DI  |

PHYSICIANS should state Exact statement of OCCUPA.

EXACTLY.

stated

AGE should

mation should be carefully supplied. -WRITE PLAINLY, WITH UNFA

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 212-2)  |
|--|---|
| County Jalbot  | Registration Dist. No. 214  |
| Village or City Wittman md   | No. St., Ward   |
| ed - (If   | death occurred in a hospital or institution, give its NAME instead of street and number)  26. ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Ernest H. Huddaway  |   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The service of the word)                                   | 21. DATE OF DEATH (Month) (Day) (Yeer)  |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of   | 22. HEREBY CERTIFY, Thet I attended deceesed from   |
| (or) WIFE of Neithe U. Haddaway.   | And 2007, 19 , 10 , 19  |
| 6. DATE OF BIRTH (month, day, end year) Cuguat 15, 1876  | 1 last saw h alive on, 19; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at &   |
| 58 7 28 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:  |
| 8. Trade, profession, or particular  | accidental frompy. Could  |
| kind of work done, as SPINNER, waterman  | Acach by diocoming 4/5735   |
| a. Industry or business in which work was done, as SILK MILL,  | Was alone in a fast, tonging onatures   |
| SAW MILL, BANK, etc  | accidentally fell overboard, weremably  |
| 10. Date deceased last worked at this occupation (menth and year) 11. Total time (years) spant In this year) 12. | during an attack of vertigo. Curs Q.  |
| 100.4  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) Warman (State or country)  | line  |
| 13. NAME Richard Haddeway  | Repeated attacks of westign   |
| I IS, WAME / CCCCADA PALLACTOR   |   |
| 14. BIRTHPLACE (city or town) W White  | Name of operation   |
| (State of country)   | Whet test confirmed diagnosis?  |
| 15. MAIDEN NAME Sally Havis  | 23. If death was due to externel causes (VIOLENCE) fill in also the following:  |
| 5 16. BIRTHPLACE (city or town) Withness   | Accident, suicide, or homicide?ate of injury, 19 3  |
| State or country)  | Where did injury occur? In Harris Creek, nr. Watman F. 9.  (Specify city or town, county and State)                                     |
| 17. INFORMANT. Mis Ernest It Naddowsy (Address) Withman Ind  | Specify whether injury operand in tNOUSTRY in BOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury accidental datowning.  |
| Place of Michaela Date Speal 7 , 19. JS  | Nature of injury  |
| 19. UNDERTAKER Mewnam + Framism  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) St. michaele Ind.  | If so, specify Watergaan  |
| 20. FILEO april 5, 1936 motictor & Porter  | (Signed) M. D.  (Address) M. D.   |
| 1  |   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1910          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitual nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| A. A.  | STATE OF MARYLAND—CERTIFICATE OF DEATH  |  |        |  |  |
|--|---|--|--------|--|--|
| sta<br>UP                                      | 1. PLACE OF DEATH   | (97) S. N.   | ,      |  |  |
| occ of   | County Clailorus Jallot   | Registration Dist. No. 299   | ^      |  |  |
| short of O                                     | Village Dr City Claiforne   | No. St., 1   | Ward   |  |  |
| . 70   |   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?          | ds.    |  |  |
| Every<br>[CIAN]<br>tement                      | 2. FULL NAME Willsam H. Hudd  | r , , berne  |        |  |  |
| orter ater                                     |   | St., Ward.   |        |  |  |
| RD.  | (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |        |  |  |
| PE<br>act                                      | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |        |  |  |
| LY.<br>Ex                                      | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH (Day) 1935   | (r)    |  |  |
| ified.   | 5a. If married, widowed, or divorced<br>HUSBAND of  | 22 A LUEDERY CERTIES That is most format   | f      |  |  |
| EMAN<br>X A C<br>classifi                      | (or) WIFE of Rosa Waddaway  | 22. HEREBY CERTIFY, That i attended deceased   | From 3 |  |  |
|  | 6. DATE OF BIRTH (month, day, and year) Tune 27 1857  | i last saw he alive on left 11 , 1930; death 1   | s sald |  |  |
| d d l  | 7. AGE Years   Months   Days   If LESS than   | to have occurred on the date stated bove, at 4.3. P.m.   |        |  |  |
| IS A PE<br>stated E<br>properly<br>certificate | 83 9 16 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   |        |  |  |
| -0   | Trada, profession, or particular kind of work done, as SPINNER,   |  | ouset  |  |  |
| E c c o  | SAWYER, BOOKKEEPER, etc.  | Certerio Telenosa 57   | 219    |  |  |
| ould<br>may<br>back                            | Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                         |  |        |  |  |
| on it sh                                       | 10. Data deceased last worked at this occupation (month and 1923   11. Total time (years) spant in this |  |        |  |  |
|  | year) occupation (month and ) 20 occupation   | Other Carteibuter Cares of importance  |        |  |  |
| NFADING pplied. AGI erms, se tha instructions  | 12. BIRTHPLACE (city or town) Vallot Co   | Other Coutributory Causes of importance:   |        |  |  |
| ed. is, s                                      | (State or country)  | Check Cordiae  | A.     |  |  |
| ppli<br>ern<br>ins                             | 13. NAME Thomas W Heddoway  | delalaten FC   | La     |  |  |
| H U sul  | 4 14. BIRTHPLACE (city or town). Valber Co  | Name of operation  |        |  |  |
| pla .  | (State of country)  | What test confirmed diegnosis?   |        |  |  |
| W<br>refu<br>in<br>ant                         | 15. MAIDEN NAME Margref Browner  16. BIRTHPLACE (city or town) Vallot Co                                | 23. If death was dua to external causes (VIDL SACE) fill in also the following:  |        |  |  |
| INLY,<br>be car<br>EATH<br>import              | [State or country]  | Accident, suicide, or homicide?  |        |  |  |
| be<br>EA<br>imi                                | Color 76 14.  | Where did injury occur?  (Specify of y or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |        |  |  |
|  | 17. INFORMANT CLEER Vacactural (Address) Cailrine mas   | Specify whether injury occurred in INDOSTRY, in HODE, OT IN PUBLIC PLACE.  |        |  |  |
| F-7 70   | 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |        |  |  |
| on s<br>SE<br>SE                               | Place St. michaela Date april 15, 1985  | Nature of injury   |        |  |  |
| Mation<br>CAUSI                                | 19. UNDERTAKER Newmann & Hairen   | 24. Was diseasa or injury In any way related to occupation of deceased?  |        |  |  |
| FOF  | (Address) ( St. michaeles me  | If so, specify   |        |  |  |
| . (2)  | 20. FILED april 14 1055 ms. Victor & Porter.  | (Signed) Long & Sette  | M.D.   |  |  |
| 4  | Registrar.  | (Address) - Wallerge Res   | 2      |  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Peritonitis 3 days ago Julu 5.1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT OCCI Registration Dist. No. pluods County Ward Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Year) (Month) 5a. It married, widowed, or divorced HUSBAND of IHEREBY CERTIFY. That I attended deceased from 22. (or) WIFF of 田 certificate. 6. DATE OF BIRTH (month, day, and year) Davs If LESS than 7. AGE Years Months properl 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_\_min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED Jo SAWYER, BDDKKEEPER, etc. may back 9 Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ..... 11. Total timo (years)
spent in this Date deceased last worked at this occupation (month and that occupation vear) . instructions 12. BIRTHPLACE (city or town) (State or country supplied. FATHER See Name of operation. 14. BIRTHPLACE (city or Jown) plain (State or country) Was there an au'opsy? What test confirmed diagnosis? carefully important. 23. If death was due to external causes (VIDL ENCE) fill in also the following: MOTHE Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMADON, DR Manner of injury mation Nature of injury. S 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Address If so, specity (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Y.

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of cpilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | May 1,1923    | Other contributory eauses of importance:                                       | 1 year        |
|  |               | •  |               |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

|                             | infor-   | state  |
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| }                           | item of  | should   |
|                             | Every.   | CIANS  |
| •                           | BCORD  | PHYS   |
| NDING                       | MANENT R   | ACTLY.   |
| FOR BIL                     | S A PER  | tated EX   |
| MARGIN RESERVED FOR BINDING | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state |
| GIN RE                      | FADING 1   | ied. AGE   |
| MAR                         | TH UNI   | ly suppl   |
|                             | LY, WI   | careful  |
|                             | PLAIN  | should be  |
| 1                           | -WRITE   | mation   |

Exact statement of OCCUPA-

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

|            | STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|------------|--|---|
|            | 1. PLACE OF DEATH  | (19-01)   |
|            | County Fallot  | Registration Dist. No. 290  |
| /          | Village or City Caston   | No. 6 mer gence Avental St, Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| 1          |  | ds. How fong In U.S. If of foreign birth?yrsmosds.  |
|            | 2. FULL NAME Robert Lewis Harris   |   |
|            | 12 12 11 10 May  | L St. Ward.   |
|            | (a) Residence: No. / OW / Well Manyama (Usual place of abode)                      | M nonresident give city or town and State   |
|            | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
|            | 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruggic the word) | 21. DATE OF DEATH April 23 (Year)   |
|            | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of                       | 22. I HEREBY CERTIFY. That I attended decoased from 1935 to GRI, 23 to 35   |
| ė.         | 6. DATE OF BIRTH (month, day, and year) March, 22. 1934                            | Hast saw hair alive on Qu. 23, 1935; death is said  |
| cat        | 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 3:504:m.  |
| rtin       | 13   t day, hrs. or min.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| ce         | 8. Trade, profession, or particular kind of work done, as SPINNER,                 | B   |
| 0          | SAWYER, BOOKKEEPER, etc.   | Prouche Joneumorua; primary & Up 333  |
| Jaci       | work was done, as SILK MILL,   | no history of any pressous diseases.  |
| on         | 10. Oato deceased last worked at this occupation (month and spent in this          |   |
| Suc        | year) oecupation oecupation  | Other Contributory Causes of Importance:  |
| ructions   | 12. BIRTHPLACE (city or fown)  | Not a confication or result of grather  |
|            | (State or country)   | diseasel.   |
| inst       | 13. NAME Tarkis  | 02.24   |
| See        | 4 14. BIRTHPLACE (city or town) TORD Hall  | Name of operation   |
|            | (State of County)  | What test confirmed diagnosis! They Ir am ! Was there an autopsy?   |
| iit.       | 15. MAIDEN NAME World and State of Country)  16. BIRTHPLACE (city or town).        | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| important. | 5 16. BIRTHPLACE (city or town) To class Thoule                                    | Accident, sulelde, or homicide?   |
| m pc       | (State or country)   | Where did injury occur? (Specify city or town, county and State)  |
|            | 17. INFORMANT LE SUPERIOR SUPERIOR (Address)                                       | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| is very    | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
| is         | Place & Karbluw Date 3/20, 193.5   | Nature of injury  |
| 0          | All (Parton)   | 24. Was disease or injury in any way related to occupation of deceased?   |
| E          | t9. UNDERTAKER (Address)   | If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| 1          | 20. FILEO 4/23. 1935 - 124. Mercus<br>Registrar.                                   | (Signed) Wellence / Mannow M. D.  (Address) Carlon My.  |
| 3          |  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY.

-WRITE PLANKY,

PHYSICIANS should state Exact statement of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

|     | 144    |
|-----|--------|
| 0   | DE 111 |
| IJ. | 3510   |
|     |        |

| 1. PLACE OF DEATH County Tellest   | -   | Registrati  | on Dist. No. 293  |
|--|---|---|---|
| Village or City Zees Oo  |   | No.  If death occurred in a hospital or institution, give its NA  | St., Ward   |
| Length of residence in city or town where dea  2. FULL NAME Mellean  | th occurred yrs m   | os. How long in U.S. if of foreign birth?   | mos ds  |
| (a) Residence: No. near C  | (Usual place of abode)                                    | St., Ward.  | dent give city or town and State                          |
| PERSONAL AND STATISTIC   | AL PARTICULARS  | MEDICAL CERTIFICA   |   |
| 3. SEX 4. COLOR OR RACE 5  | S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  Office (Month)   | 28th 1933 (Vear)  |
| 5a. If married, widowed, or divorced HUSBANO of Corp. Walfe of Sealing Co.   | ash Farris  | 22. OFILE 1ST 1935 to   | FY. That I attended deceased fro                          |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6.6  | Days If LESS than 1 day,hrs ormin.                        | to have occurred on the date stated above, at 6. The PRINCIPAL CAUSE OF DEATH and related of warp-as follows: |   |
| 8. Treda, profession, or particular kind of work done, as SPINNED SAWYER, BOOKKEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | red Farme   | Course y Foral,   | send on   |
| 10. Oate daceasad last worked at this occupation (month and year)  | 11. Total tima (yaers) spent In this occupation           |   |   |
| 12. BIRTHPLACE (city or town) May (State or country)   | Venton  | Other Contributory Causes of importance:  | reli's  |
| 13. NAME Have 6  | Harris  |   |   |
| 14. BIRTHPLACE (city or town) (State or country)   | regloud   | Name of operationWhat test confirmed diagnosis?   |   |
| # 15. MAIDEN NAME, Jolea y   | coler   | 23. If death was due to external causes (VIOLENCE   | ) fill in also the following:                             |
| O 16. BIRTHPLACE (city or fown)  | AA  | Accident, suicide, or homicide?   | Date of injury, 19  |
| 2 (State or country)  17. INFORMANT (Address)  | aryland   | Where did injury occur? (Specify city Specify whether injury occurred in INOUSTRY, in                         | y or town, county and State)<br>HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Secretly Chapter   | oather 10/1955  | Manner of injury  | NGC 2000 200 200 200 200 200 200 200 200 2                |
| Truth teo Deli   | Moon  | 24. Was disaase or injury in any way related to oc  | cupation of daceased? RO                                  |
| (Addrass) Senton - %   | inde  | It so, specify  | K./   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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· In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  | I supply      | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should 10 County Registration Dist. No. Village or City. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. statement STRIANS yrs, \_\_\_\_mos. ds. How long In U. S. if of foreign birth? \_\_\_yrs. \_\_\_mos. (a) Residence: No. PHY (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) NENT (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Years proper Months Days If LESS than FOR to have occurred on the date stated above, at stated 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or . D. min. were as follows 8. Trade, profession, or particular HIS PATION RESERVED JO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc .... back 9/Industry or business in which hould may work wes done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at on 00 11. Total time (years) this occupation (month and spent in this that instructions occupation. Other Centributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully pla What test confirmed diagnosis? \_\_\_\_\_ Wes there an eulopsy?\_ MOTHER important. In 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?\_\_\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Dete 4 mation Nature of injury LION 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signod) 20. FILED .... Registrar.

S. No. 1

death is said

Date of onset

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| Example I  | A PARTICIPATION OF THE PARTICI | Example II   |               |
|--|--|--|---------------|
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| Arteriosclerosis   | 1915   | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921   | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923   | Gastroenteritis  | 1 year        |
|  |  |  |               |

19. UNOERTAKER

U

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 County Vallet should Registration Dist. No. Village or City Munan (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_ yrs.\_\_\_ mos.\_\_\_ ement PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) widowed 5a. If married, widowed, or divorced HUSBANO of CERTIFY. (or) WIFE of 86 6 国 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the date stated above, at 4 d 7. AGE If LESS than Months Days stated 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. were as follows: 8. Trade, profession, or particular NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. pe of PAT may back 9. Industry or business in which pluods work wes done, as SILK MILL, OCCU SAW MILL, BANK, etc .... 10. Date deceased last worked at On 11. Total time (years) spent in this this occupation (month and that GE occupation. instructions (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?\_ MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following important Accident, suicide, or homicide?.. 16. BIRTHPLACE (city or town (State or country) Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE should OF (Address) 18. BURIAL, CREMAJIDN, OR Manner of injury [2] mation S TION Nature of injury

If so, specify (Signed) Registrar. (Address).

24. Was diseesa or injury in any way related to occupation of deceased?

That I attended decaased from

Oate of onset

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

MARGIN RESERVED FOR BINDING

| STATE | OF MA | RYI AND | -CERTIFIC | ATF O  | F DEATH |
|-------|-------|---------|-----------|--------|---------|
| JIAIL | OI MA | NILAIV  | CLIVIII   | AIL VI |         |

| 1. PLACE OF DEATH   |  | 93-04  |
|---|--|--|
| County 1-1-0-5  |  | Registration Dist. No. 290   |
| Village or City 30, al 0, 1.d.  | (If  | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds How long in U.S. if of foreign birth? yrs. mos. ds  |
|   |  | s. ds How long in U.S. if of foreign birth? yrs mos ds.  |
| 2. FULL NAME Harold Regulor   | nd Justice                                   | Historia de la companya della companya della companya de la companya de la companya della compan |
| (a) Residence: No. Royal Cak, (Usus   | al place of abode)                           | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL P  |  | MEDICAL CERTIFICATE OF DEATH   |
| OR DI   | E, MARRIED, WIDOWED, VORCED (write the word) | 21. DATE OF DEATH    12  |
| 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Argaret Justice                | e  | 22. HEREBY CERTIFY. That I attended deceased from 1935 to April 12 , 1935  |
| 6. DATE OF BIRTH (month, day, and year) Oct.  | 1/3 199                                      | I last saw has alive on Afficial 112, 19.30; death is seid   |
| 7. AGE Years Months Da  | ys If LESS than I day,hrs. ormin.            | to have occurred on the date stated (bove, at a second memorial memory).  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | ner  | Cleute Myoeardeles 7/8/33  |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.          |  |  |
| SAW MILL, BANK, etc   | Total time (years) spant in this occupation  |  |
| 12. BIRTHPLACE (city or town) Long Philo (State or country) 1 ev Jerse                      | h  | Other Coutributory Causes of importance:   |
| No.   |  |  |
| 13. NAME TO I TUTICE  14. BIRTHPLACE (city or town) - OCOLOLO (State or country)            | Dity   | Name of operation  |
| # 15. MAIDEN NAME . lie Thomas  | • • • • • • • • •                            | What test confirmed diagnosis? Was there an au'opsy?   |
| 16. BIRTHPLACE (city or town) (Deep ec (State or country) 1 1 0 t C u                       | i) loy 1 0 k                                 | 23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  |
| 17. INFORMANT Priets Coxen (Address) Royal Oak, Range                                       |  | Whore did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL   |  | Menner of injury   |
| PlaceDate   | pril 15.,1935                                | Nature of injury   |
| 19. UNDERTAKER O. D. illigo (Address) Laston, 17.12   | . (  | 24. Was disease or injury in any way related to occupation of deceesed?  |
| 20. FILED 4/13 1935 /1. A   | Mosassa                                      | (Signed) Hayfmand J. 1247 M. D   |

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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| 2      | te :                                | STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|--------|-------------------------------------|---|--|
| infor- | state<br>UPA.                       | 1. PLACE OF DEATH   | 46-0   |
| 1) 5   | 23                                  | County Caltot   | Registration Dist. No. 244   |
| item i | should<br>f OCC                     | Village or City Restand Ind   | No. St., Ward  |
| .=     | - 0                                 | Length of residence in city of town where death occurred yrs  | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs mos ds.  |
| 797    | en N                                | 7.  | d a  |
| E.     | ICI.                                | 2. FULL NAME Pleuviau Star  |  |
| E C    | PHYSI<br>ct stat                    | (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
|        | Exact                               | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 2      | Ex                                  | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |
| rh Z   | i. i.                               | Male While Single   | (Month) (Day) (Year)   |
| N EN   | A C T L<br>assified.                | 5a. If married, widowed, or divorced HUSBAND of   | 22.   HEREBY CERTIFY, That I attended deceased from  |
| (C) N  |                                     | (or) WIFE of  | mel 4 ,1935, 10 Ceps 28, 1935  |
| BIND   | E X cl                              | 6. DATE OF BIRTH (month, day, and year) 6 /// /68   | I last saw h elive on One 8- 1935; death is said   |
| R 4    | stated E<br>properly<br>certificate | 7. AGE Years Months Deys If LESS than 1 day,hrs.  | to have occurred on the date stated above, and the date stated above, and the date stated above.   |
| FO     | stated<br>properl                   | 66 /0 /8 or min.  | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:   |
| - 71   |                                     | 8. Trade, profession, or particular kind of work done, as SPINNER,  | A  |
| VED    |                                     | SAWYER, BOOKKEEPER, etc.  | Carrier Start  |
|        | may<br>back                         | Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. | The state of the s |
| ESER   | s sh<br>t it                        | 10. Date deceased last worked at this occupation (month and spent in this   |  |
| RE     | AGE<br>that                         | year) occupation  | Other Contributory Causes of importance:   |
| GIN    | oplied. AGI                         | 12, BIRTHREACE (city or town) (State of country)  |  |
| 2GJ    | r a<br>lied<br>ms,<br>stru          | W 13. NAME LANGE PLAN AND LONG  |  |
| (AR)   |                                     | E   | Name of operation Oate of  |
| 7      |                                     | (State or country)  | What test confirmed diagnosis? Was there en au'opsy?   |
|        |                                     | I 15. MAIDEN NAME Juva pr. Nouman   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 5      | £                                   | 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?  |
|        | d be can<br>DEATH<br>y import       | State or country)   | Where did injury occur? (Specify city or town, county and State)   |
|        | d b b DE                            | 17. INFORMANT Or assay Lequant  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| DI     | hould<br>OF DI                      | (Address)  18. BURIAL, CREMATION, OR REMOVAL  |  |
| Ľ:     | E E                                 | Place San Date 7/1/31, 19   | Manner of injury   |
| Tra Tr | mation<br>CAUSE<br>TION is          | 1 16  | 140  |
| 7      | TICA                                | 19. UNDERTAKER  | 24. Wes disease or Injury in any way related to occupation of deceased?  |
| Z.     | ä                                   | 101 202 210 - 11 0/2 1  | (Signed) M.D.  |
| > %    | i (2)                               | 20 FILED WM. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19   | (Address) Luppe and  |
|        | (1)                                 | If more blanks are needed address State Pensitran   | 2000 N. Charles Street Politimore Property 7) S. Nie   |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |                          |
|---|---|--------------------------|
| 1. PLACE OF, DEATH  |   | 0.000                    |
| County Talkat   | Registration Dist. No.  | 70                       |
| Village or City Ceaston Mary land -   | No. St.,  | Ward                     |
| (If   | No. St., death occurred in a horpital or institution, give its NAME instead of street and r | rumber)                  |
| all A A al An   | ds. How long in U.S. if of foreign birth? yrs mo  | os                       |
| 2 FULL NAME Chatles Brevalle Slayer   |   |                          |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and  | State                    |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  | Jiaic                    |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                                  | 21. DATE OF DEATH   | -                        |
| Male White OR DIVORCED (write sho word)   | Ciffiel 19 (Month) (Day)  | , 193 <b>5</b><br>(Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  HUSBAND Of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended   | -                        |
| 6. DATE OF BIRTH (mount, day, and year) Ques, 19, 1858                                | I last saw h. aire alive on Cyol 19, 1935   | ; death is said          |
| 7. AGE Years Months Days It LESS than   | to have occurred on the date stated above, at // P .m.                                      |                          |
| 76 8 1 1 day, hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:              | Date of onset            |
| kind of work done, as SPINNER, Backw SAWYER, BODKKEEPER, etc.                         | P   |                          |
| SAWYER, BODKKEFPER, etc.  | Ocrebal Upopling  | 4/16/25                  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.                                     |   |                          |
| 11. Total time (years) this occupation (month and spent in this                       |   |                          |
| year) occupation occupation   | Other Contributory Causes of importance:  |                          |
| 12. BIRTHPLACE (city or town)   | Other contributory causes of importance.  | 3                        |
| (State or country)  | Cirterio 3 clevosos   | 1                        |
| 13. NAME Nr. Francis Floyd.   |   |                          |
| 14. BIRTHPLACE (city or town)   | Name of operation   | -                        |
| (State or country) Maryland.  | What test confirmed diagnosis Vay 2 am. Was there an a                                      | ulopsy?                  |
| 15. MAIDEN NAME Karal Marieda Bowdle.   | 23. If death was due to external causes (VIOLENCE) fill in also the following               |                          |
| 16. BIRTHPLACE (city or town)   | Accident, sulcide, or homicide?   | , 19                     |
| (State or country) Mary land  | Where did injury occur? (Specify city or town, county and Stat                              | e)                       |
| 17. INFORMANT Mass. Aller Alayd. (Address)  | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL                       |                          |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury  |                          |
| Place Classes controlly Detellpres 77, 1938   | Nature of injury  |                          |
| 19. UNDERTAKER JAMES a. Chine Pre (tolley)  | 24. Was disease or Injury In any way related to occupation of decessed?                     | <b>La</b>                |
| 20. FILEO 4/ 2. 7., 1935 11 LJ 12 Registrar.  | (Signed) Welliams / ammond (Address) Saston Mal   | M. D.                    |
|   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                  |                          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cetton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Dr. Ken

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| PUDDAU V.S.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL | L SPACE FOR F | TURTHER STATE | EMENTS BY P | HYSICIAN |  |
|------------|---------------|---------------|-------------|----------|--|
|            |               |               |             |          |  |
|            |               |               |             |          |  |
|            |               |               |             |          |  |

| )                           | very item of infor-  | ANS should state   | nent of OCCUPA.  | \  |
|-----------------------------|--|--|--|--|
|                             | T RECORD. E  | Y. PHYSICI   | Exact staten   |  |
| OR BINDING                  | A PERMANEN   | ated EXACTL  | operly classified.   | tificate.  |
| MARGIN RESERVED FOR BINDING | RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | IN is yory important. See instructions on back of certificate. |
| •                           | RITE PLAINLY,  | ion should be care   | USE OF DEATH !   | N is very importa  |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH OLA CO   | (B2-a)   |
| County delta   | Registration Dist. No. 27  |
|  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)             |
| Length of residence in city or town where death occurred   | ds. How long in U.S. if of foreign birth? yrs mos, ds.   |
| 2. FULL NAME Jola B Vennan   | J  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married  Married   | 21. DATE OF DEATH  (Month) (Day)  (Year)   |
| 5a. If married, widowed of divorced HUSBAND of John Meunaun  | 22.   HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) June 25 1860   | I last saw h. alive on A. A. 1932; death is said   |
| 7. AGE Years Mondes Days If LESS than  | to have occurred on the date stated above, at 10   |
| 70 10 I day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset                      |
| 8. Trade, profession, or particular kind of work done, es SPINNER, Nowle sorte SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. | Parellee a ascending apr 3-35-   |
|  |  |
| 0 10. Date deceased last worked at this occupation (month and spant in this  | Puration: five porse   |
| y AA   | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) Jalbot Co<br>(State or country)  | Unterio-secrets 1935 -   |
| 13. NAME lo harles Robinson  |  |
| 14. BIRTHPLACE (city or town) Manyland   | Name of operation Oate of  |
| (State or country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Mary Elizabeth White  16. BIRTHPLACE (city or town) Wary and  (State or country)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?    |
| [ O 16. BIRTHPLACE (city or town)] Wally (State or country)  | Where did injury occur?  |
| 17. INFORMANT 7 Lorence No fruely  | (Specify city or lown, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMOTION, OR REMOVAL  | Manner of injury   |
| Place thing Hill Cem Oate april 27, 1935   |  |
| 19. UNDERTAKER/Viewin & Herman see   | 24. Was disease or injury in any way related to occupation of deceased? 200  |
| (Address) Explored Wyl   | If so, specify   |
| 20. FILEO. Whe the, 1935 for Mayors Registrar.   | (Signed) M. D. (Address)   |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | 1             | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
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| Chronic interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| BUDGALL V. S.  |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|------------|-------|-----|---------|------------|----|----------|---|
|            |       |     |         |            |    |          |   |

V. S. No. B ż Exact statement of OCCUPA-

|  | STATE OF | MARYI | AND- | CERTIFIC | ATE | OF | DEATH |
|--|----------|-------|------|----------|-----|----|-------|
|--|----------|-------|------|----------|-----|----|-------|

| Sta   | 1. PLACE OF DEATH  |  | 9         |
|---|--|--|-----------|
| = 1   | County Valbor  | Registration Dist. No. 29/   |           |
| of  | 1 4  | No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)  |           |
| YSICIANS                                    | 2.2.   | ds. How long in U.S. if of foreign birth? yrs mos  | .05.      |
| CI  | 2. FULL NAME William U. Verry  |  |           |
| PHYSICI                                     | (a) Residence: No. (Usual place of abode)  | St. Ward If nonresident give city or town and State  | 100       |
| PH  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |           |
| CY.   | 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Through   | 21. DATE OF DEATH  (Month)  (Day)  (Year)  (Year)  | 5         |
| ACT   | 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Calice E. Parry   | 22. I HEREBY CERTIFY. That I attended dacaased in the second of the seco | from<br>5 |
| rly cl                                      | 6. DATE OF BIRTH (month, day, and yaer)  7. AGE Yaars Months Days If LESS than   | I last saw here elive on of 1980; death is to have occurred on the data stated above, et 5 . m.  | sald      |
| stated E<br>properly<br>certificate         | 47 16/7 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:   | nset      |
| be<br>of                                    | 8. Trada, profession, or particular kind of work dona, as SPINNERS leas Caption SAWYER, BOOKKEEPER, atc.   | Chrome regocardity Lu  | n-gra     |
| may<br>back                                 | 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  |  |           |
| AGE sh<br>that it<br>ons on                 | 10. Date daceased last worked at this occupation (month and year) spant in this year) year) 11. Total time (years) spant in this occupation 30 year)   | ,  |           |
| oplied. AGI<br>erms, so tha<br>instructions | 12. BIRTHPLACE (city or town) Caroline County  | Othar Contributory Causes of importance:   |           |
| s, s  | (State or country)   | deletation 121   | in        |
| upplied<br>terms,<br>instr                  | # 13. NAME Charles J. Derry  |  |           |
| y sur<br>ain to<br>See                      | 14. BIRTHPLACE (city or town) Caroline County (State or country)   | Name of oparation Date of Was there an autopsy?  |           |
| full<br>n pl<br>nt.                         | 15. MAIDEN NAME Sarah Esler  | 23. If doath was dua to axtarnal causes (VIOL ENCE) fill in also the following:  |           |
| be carefu<br>EATH in primportant.           | 16. BIRTHPLACE (city or town) Washington D. C.   | Accidant, suicide, or homicide?0ata of injury, 19  |           |
| AT<br>mpc                                   | State or country)  | Whera did injury occur? (Specify city or town, county and State)   |           |
| should be OF DEA's very imp                 | 17. INFORMANT Mid Whice E. Verry (Address) Clarkone md   | Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  |           |
| E S   | 18. BURIAL, CREMATION, OR REMOVAL Place If. Milacle Date agail 30, 19 35   | Manner of Injury   |           |
| mation ;<br>CAUSE<br>TION is                | 19. UNDERTAKER Newnam & Harrison (Addrass)   | 24. Was disaase or injury in any way related to occupation of decaesad   |           |
| 0   | 20. FILED Of ril 29, 1935 John Huwales Registrar.  | (Signad) And Aletter (Address) William Ver   | M. D.     |
|   | To make the second of the Control of |  | U         |

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | 210           |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

PHYSICIANS should state

EXACTLY.

stated

should be

supplied.

fion should be carefully

CAUSE OF DEATH in plain terms, so that it may

properly classified.

Exact statement of OCCUPA-

1. PLACE OF DEATH

## STATE OF MARYLAND—CERTIFICATE OF DEA

|                       | 4-                |
|-----------------------|-------------------|
| TH 0                  | \$519             |
| ist. No. 7 93         |                   |
| St.,                  | Ward              |
| yrs mo                | s ds.             |
| ve city or town and   | State             |
| OF DEATH              | State             |
| (Day)                 | , 193 5<br>(Year) |
| That I attended       | deceased from     |
|                       | ; death is said   |
| of Importance         | Date of onset     |
|                       | -                 |
|                       | - Jan             |
|                       |                   |
|                       |                   |
|                       |                   |
| Date of               | u'opsy? Zo        |
| in also the following |                   |
| ate of injury         | 19                |

| County  | Talbot,  |                     |  | Registration Dist. No.   | 0              |
|---|--|---------------------|--|--|----------------|
| Village or  | City Easton,   | (Out-               | ide)                                   | No   |                |
| Length of r                                       | esidence in city or town where   | death occurred      |  | death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? |                |
|   | AME Fligs  |                     |  |  |                |
|   |  |                     |  | D4 Word  |                |
| (a) resid   | ence: No.  | (Usual place        | e of abode)                            | St., Ward.  If nonresident give city or town a   | nd Sta         |
| PERSO   | NAL AND STATIST  | ICAL PART           | ICULARS                                | MEDICAL CERTIFICATE OF DEATH   |                |
| Female,   | 4. COLOR OR RACE White,  | OR DIVORCE          | RRIED, WIDOWED,<br>ED (write the word) | 21. DATE OF DEATH  April 28th  (Month) (Day)   | , 1            |
| 5a. If married, wid<br>HUSBAND of<br>(or) WIFE of |  | Reed, a             | iec'a.                                 | 22.   HEREBY CERTIFY, That I attended  | ed dec         |
| 6 DATE OF DIRT                                    | H (month, day, and year)   | A 3                 | FO.1.0                                 | I last saw her alive on march (0 195)  |                |
|   | Years Months   | Days                | If LESS than                           | lo have occurred on the date stated above, at Q_P_Mm.  | ,              |
| About 8   |  | Tangan and a second | l day,hrs.                             | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   | 1              |
| 8. Trade, pro                                     | ofession, or particular f work done, as SPINNER, LI ER, BOOKKEEPER, etc  | ouse-wo             | rk.                                    | Se lit   | 2              |
| 9. Industry                                       | or business in which   |                     |  | arteri deler   |                |
| SAWI  | was done, as SILK MILL,<br>MILL, BANK, etc   |                     |  |  |                |
| 10. Date dece                                     | eased last worked at coupation (month and  | 11. Tolal           | time (years)<br>ant in this Life       |  |                |
| year)   |  |                     | upation                                | Other Coutributory Causes of importance:   |                |
| 12. BIRTHPLACE<br>(State or c                     |  | ine Co.             | 31.A                                   |  |                |
| 13. NAME  |  | Collin              |  |  |                |
|   | C  | roline              |  | Name of operation  |                |
|   | CE (city or lown)  |                     | Md.                                    | What test confirmed diagnosis? Climical Was there a  |                |
| 15. MAIDEN  | NAME Eliza   | Ann Tod             | d.                                     | 23. If death was due to external causes (VIOLENCE) fill in also the follow   |                |
| 5 16. BIRTHPLA                                    | CE (city or town)  | oline C             | 6.                                     | Accident, suicide, or homicide? Date of injury   | ~              |
|   | or country)  |                     | ב מל                                   | Where did injury occur?  |                |
| 17. I NFORMANT<br>(Address)                       | والمتعادلة والمتعارض والمتعادلة و | lins,<br>g, Mi.R.   | F.D.                                   | (Specify city or town, county and S<br>Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I                | tate)<br>PLACI |
|   | ATION, OR REMOVAL  |                     |  | Manner of injury   |                |
| Place_1_9   | deralshurg,  | Date May            | LIST., 1935.                           | Nature of injury   |                |
| 19. UNDERTAKER<br>(Address)                       | J.T. Frampto   | burg.               | i<br>Id                                | 24. Was disease or injury in any way related to occupation of deceased?  | 2              |
| (1  | 130 .35  | 7141                | no :                                   | (Signed) - 2 - Co  |                |
| 20. FILED   | , 19   | f-3 av- 1           | -1-X-X-0C1-77                          | 2 7 2  | _/             |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  | 61            | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |  |  |
|  |               |  |               |  |  |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | (93.0)   |
| County Fall Co  | Registration Dist. No.   |
| Village or City Near Franke Med   | No. St., Ward  |
|   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds. |
| 4.00 00 01  | s  |
| 2. FULL NAME ON GUMAN Slavegalin  |  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.  | 21. DATE OF DEATH  |
| Wale Colored OR DIVORCED (write the word)   | (Month) (Oay) (Year)   |
| Sa. If merried, widowed, or divorced HUSBAND ot   |  |
| (or) WIFE of At unit Hullion  | 22.   HEREBY CERTIFY That I attended deceased from   |
| 6. OATE OF BIRTH (month, day, and yeer) Cak 15 1855   | I last saw have alive on Africa 15 ,1933; death is said  |
| 7. AGE Years Months Oays It LESS than   | to have occurred on the date stated above, at  |
| 28 6 - 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows?   |
| 1. 8. Trade profession or particular 7  | Rente Missearditio Date of onset   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL. |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc                                     |  |
| 3 10, Oate deceased last worked at May 11, Totel time (years)   |  |
| this occupation (month end 1934 spent in this occupation  |  |
| 12. BIRTHPLACE (city or town) Fallot CO Md  | Other Contributory Causes ot importance:   |
| (State or country)  |  |
| 13. NAME Tilghman Streghter   |  |
| 14. BIRTHPLACE (city or town) Jallot co   | Name of operation.   |
| (State of Country)  | What test confirmed diagnosis? Wes there an aulopsy?   |
| 15. MAIDEN NAME Constant Prosecution 16. BIRTHPLACE (city or town) Tallotte (State or country)                        | 23. If death was due to external causes (VIOLENCE) fill in also tha tollowing:   |
| 5 16. BIRTHPLACE (city or town) Jalloteo  | Accident, suicide, or homicide? Date of injury, 19   |
| ∑ (State or country)  | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT folice Starylity  | Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  |
| (Address)  18. BURIAL, CREMATION, OR REMOVAL  |  |
| Piace Dy town Oate apr 18, 1935   | Manner of injury   |
| 5.1 . 6)1   |  |
| 19. UNDERTAKER (Address)  | 24. Was disease or injury in any wey related to occupation of deceased?  |
| were Olive Ot . 25 Joseph One   | (Signed) Agymand of Madio 40 M. D.   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example 1  |               | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |

1. PLACE OF DEATH OCCI plnods Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ... ds. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, et ... m 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or -- min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc... may 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... Other Contributory Causes of Importance: (State or country) FATHER 13. NAME plain efully What tast confirmed diagnosis? Lowe MOTHER 15. MAIDEN NAME > A mportant 23. If death was due to external causes (VIOLENCE) fill in elso the following: DEATH Accident, suicide, or homloida?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury 62 ation USI Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed) Registrar. (Address) \_\_Q) If more blanks are needed, address State-Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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|--|---------------|--|---------------|--|--|--|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |  |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |  |  |  |
|  |               |  | 42/           |  |  |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

|   | of infor-   | ld state   | CCUPA-   |  |
|---|---|--|--|--|
| 1)                                      | tem   | shou   | O Jo   |  |
|   | PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|   | RECO  | Y. PH  | Exact  |  |
| MARGIN RESERVED FOR BINDING             | RMANENT   | XACTL  | classified.  |  |
| FOR B                                   | IS A PE   | stated E   | properly   |  |
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| ERV                                     | NK-T  | should   | it may   |  |
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| IARGIN                                  | UNFADI  | upplied.   | terms, se  |  |
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|          | te i   | STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|----------|--|---|--|
|          | infor-<br>state                                      | 1. PLACE OF DEATH   | 92-0   |
|          | ould OCCT  | County Talkat   | Registration Dist. No. 3-90  |
| M        | should of OCC  | Village or City nr. Easton  | No. "Outside "1 St., Ward  |
| M)       |  | (If   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
|          | Every<br>SIANS<br>ement                              | Length of residence in city or town where death occurredyrsmos.   | ds. How long in U.S. if of foreign birth? yrs. mos, ds.  |
|          | Eve  | 2. FULL NAME Louis Cligal Van   | lecta  |
|          | CORD. Every<br>PHYSICIANS<br>let statement           | (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
|          | E PC   | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| U        | RECO<br>PH<br>Exact                                  | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| rh       | E  | male white married (write the word)   | (Month) 2312 , 193 5   |
| Ž        | IANEN<br>A C T I<br>assified.                        | 5a. If married, widowed, or divorced HUSBAND of   | 22. O I HEREBY CERTIFY, That   attended deceased from  |
| BINDIN   | A A ass  | (or) WIFE of Elizabeth Luckhart   | an 1932 10 april 2481 1935   |
| K        | ERM. EX.   | 6. DATE OF BIRTH (month, day, and year)   | 1 (ast saw hale alive on Ohi 200) 1935; death is said  |
|          | PF<br>d I  | 7. AGE Years Months Days If LESS than   | to have occurred on the date stated bove, at 1-100 m.  |
| FOR      | IS A PE<br>stated E<br>properly<br>certificate       | 82 1 1 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| T        | sta<br>pro<br>cer                                    | 9 Trade profession or particular  | Similar or matrial Date of one et  |
| B        | HIS<br>be<br>be<br>of                                | SAWYER, BOOKKEEPER, etc. retired oil operators  | rewestern of the Wart  |
| >        |  | Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                               |  |
| 田田       |  | SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and spent in this spent in this |  |
| RESERVED | 10   | this occupation (month and spent in this 50 MV.   |  |
| 民        | NFADING I  | 0 / 70 71   | Other Contributory Causes of Importance:   |
| Z        | I. Se ucti   | 12. BIRTHPLACE (city or town) (State or country)  |  |
| MARGIN   | I UNFAI<br>supplied.<br>in terms,                    | 13. NAME Joseph Van Vleck   |  |
| A        |  | ET 9 + 1 1 1 NO   | Name of according  |
| Z        | T -= 70  | (State or country)  | Name of operation Date of Was there an autopsy?  |
|          | ully pla   | W 15. MAIDEN NAME Maria, Janothin   | 23. If death was due to external causas (VIOLENCE) fill in also the following:                                     |
|          | INLY, WIT<br>be carefull<br>EATH in pl<br>important. | E 7 - 1 50 71   | Accident, suicide, or homicide?  |
|          |  | State or country)   | Where did injury occur?  |
|          |  | 17. INFORMANT Mrs. Elizabeth Van Vleck  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
|          | Should OF D  | (Address) Easter M  |  |
|          | Shoul<br>Shoul<br>E OF                               | 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
|          |  | Place 5 frang July Japana Cypr. 25, 1935  | Nature of Injury   |
|          | -WRITE<br>mation s<br>CAUSE<br>TION is               | 19. UNDERTAKER Maurice E. Newsam + Son  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 19       | 7 FOF  | (Address) Easton, Mankand.  | If so, specify   |
| vi       | 7.   | 20. FILED 4/25 1935 M. S. Merie   | (Signed)   |
| A        | Z IT   | Registrar.  | (Address)  |
|          |  | If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       | M 1 1020      | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | HUSTI OCHUT ILIS   | 1 year        |
|  |               |  |               |

| 1 0 1  | STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|--|
| infor-<br>state<br>UPA-                                  | 1. PLACE OF DEATH  |  |
|  | County Lalkat  | Registration Dist. No. 290   |
|  | Village at City Baston   | No. St., Ward  |
| = 0 /  | (1)  | death occurred in a hospital or institution, give its NAME instead of street and number)   |
| NNS NS   | Length of residence in city or town where death occurredyrsmos.  |  |
| RD. Every<br>FSICAN<br>statement                         | 2. FULL NAME aluma Mage  |  |
| RD.<br>YSI   | (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
|  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| T. R. P.F. Exact   | 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                      | 21. DATE OF DEATH While 21 193 3 (Year)  |
| NG<br>TTI<br>fled.                                       | 5a. If married, widowed as divorced HUSBAND of   |  |
| DDIN<br>A C '<br>ssift                                   | (or) WIFE of Seary Mage  | 22. I HEREBY CERTIFY that I alrended deceased from   |
| BIN<br>EX<br>EX<br>y cla                                 | 6. DATE OF BIRTH (month, day, and year) a feet 1877  | last saw here alive on Phril 21, 1937; death is said   |
| PE PE III  | 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at  |
| FOR BI<br>IS A PE<br>stated E<br>properly<br>certificate | 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| - 00 - 0   | 8. Trada, profession, or particular kind of work done, as SPINNER, Hause lask SAWYER, BOOKKEEPER, etc. | Carcinoma of Weens 3/6/35  |
| VED THIS IN PER Ay PER CK of                             | SAWYER, BOOKKEEPER, etc  |  |
|  | work was done, as SILK MILL,   | 102  |
| ESER<br>INK—<br>E shou<br>at it m                        | 10. Date deceased last worked at this occupation (month and spant in this                              |  |
|  | year) occupation   | Other Contributory Causes of Importance:   |
| NFADING pplied. AGI                                      | 12. BIRTHPLACE (city or town) Mary Saal.  (State or country)   |  |
| RC NF. NF. plie plie rrms inst                           | ш 13. NAME 7/  |  |
| MA<br>H U<br>sup<br>in te                                | 14. BIRTHPLACE (city or which I Knauck   | Name of operation  |
| 2 20 10  | (State or country)   | What test confirmed diagnosis? Was there an au'opsy?   |
| WITH with plant.   | 15. MAIDEN NAME Katherine Hompson  | 23. If death was due to external causes (ViOLENCE) fill in also the following:   |
| LY, W be careful in important                            | 16. BIRTHPLACE (city or town) Maryland.  (State or country)  | Accident, suicide, or homicide?  |
| be be imp  | 5 10-0   | (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
|  | 17. INFORMANT (Address) Santon Market  | Specify mount in the country in the many of the country in the cou |
|  | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| on s   | Placa Cearlon, Date Spell 24, 1933   | Nature of injury   |
| WRIT mation CAUSH  | 19. UNDERTAKER James a. Police   | 24. Was disease or injury in any way related to occupation of deceased?  |
| S S S  | (Address daston Mingland Pic Mittelands  | If so, specity I face of 4 /15ff   |
| 3  | 20. FILED 4/24, 1935 M. S. Mersey  | (Signed) M. D  |
| P P4   | Registrar.   | (Ardress) from Now North Street Religious Requestion 7) S. No. 1   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU Y. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |